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Older women's beliefs about hormone replacement therapy: A qualitative study

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OLDER WOMAN'S BELIEFS ABOUT HORMONE
REPLACEMENT THERAPY: A QUALITATIVE STUDY

TOWNE

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Older Women's Beliefs About Hormone Replacment Therapy:

A Qualitative Study

(TITLE)

BY

Cheryl Luann Rush Towne

THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS
FOR THE DEGREE OF

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2000

YEAR

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Older Women's Beliefs About Hormone Replacement Therapy:

A Qualitative Study

Cheryl Towne

Abstract

The purpose of this research was to investigate the essential nature of the beliefs about Hormone Replacement Therapy (HRT) use by older women users through phenomenology. The sample of ten white women, age 49 - 63, began using HRT between their early forties and age 55. The instrument contained seven questions. Meanings were formulated from the statements and phrases of responses. The description of the phenomenon of the beliefs older women have about HRT use is: the pill was an acceptable easy method of using HRT; the underpinning of their reasons for using HRT was a desire to live a healthier life during aging; HRT use experience has enhanced self esteem and overall well being during this stage of their aging; what is important in their life in regard to HRT use is the pleasure of having a greater likelihood of a rewarding and productive life during aging; positive aspects of HRT use are maintenance of youth and comfort within oneself; improvement in the psychological and physiological state through HRT use is greater than the perceived negatives of weight gain and fear of a possible connection with cancer; and HRT use with continuous informed decision is intellectually the best thing to do and reinforces their commitment to future quality of life. Future research in relationship to older women's needs and HRT is discussed.

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Older Women's Beliefs About Hormone Replacement Therapy:

A Qualitative Study

Introduction

The National Institute of Health (NIH) published a Women's Health Research Agenda to guide women's research in the 1990's (Woods, 1994). Among the recommendations were research on problems such as: long term physical and mental effects of menopause; improvement in self-esteem during later years; confronting ethical issues regarding providing or withholding care for older women; effects of aging on the immune system and diseases common in older women (e.g. cancer, arthritis); and psychological and social factors contributing to heart disease. The NIH Task Force on Opportunities for Research on Women's Health and the Office of Research on Women's Health (ORWH) explained in an analysis their concerns about the recommendations (Woods, 1994). Many of the listed problems have been approached before using quantitative methods. Many problems selected for study did not reflect women's interests. Studying about women is not new, but studying women from their own perspectives and experiences, so that they can understand themselves in our world and make knowledgeable informed decisions, is a novel idea.

One area of concern and interest to women is understanding and being able to describe older women's

beliefs about use of Hormone Replacement Therapy (HRT). As women age and estrogen declines during menopause, women's risks for serious disease increase (Hibbard & Hampton, 1993). Prescribed for women by physicians, HRT relieves bothersome menopausal symptoms (e.g. hot flashes, heart palpitations) that occur in women, on average at age 51. HRT is believed to improve a woman's psychological state, protect against cardiovascular disease and breast cancer, and prevent osteoporosis (Logothetis, 1991). The pill form of HRT is the most widely prescribed and is usually administered daily. An adhering patch, applied usually to the abdomen once or twice weekly, is one of the alternative methods of HRT delivery prescribed by physicians. Because HRT in the patch is absorbed through the skin into the bloodstream, smaller doses can be administered. However, HRT through patch delivery bypasses the liver and may not be as beneficial as the pill in protection against cardiovascular disease.

Women in the United States now live an average of 75 - 80 years (McKinlay, Brambilla, & Posner, 1992). Hence, an average woman will spend one-third of her life as a postmenopausal individual. In the United States, the fastest growing population is older women (Hibbard & Hampson, 1993). Many of our mothers and grandmothers, age 50 years and older, are using HRT; however, few studies

have addressed the long term benefits of its use and the residual effects. Age related physiologic changes, especially in liver and kidney functions, can influence drug action and effect negatively in older women (Buechler & Malloy, 1989). Furthermore, study of older women's beliefs about HRT, using a qualitative method, such as phenomenological inquiry, could not be found in the research and it is a phenomenon of interest to women.

Beliefs, defined by Webster's Dictionary (Cayne, 1990), are a "conviction that something is true, that something exists, that something is right." However, there is little agreement and an elusiveness in regard to the meaning of older women's beliefs about use of HRT. Furthermore, use of HRT has only been prescribed by physicians for physiological benefits, reduced incidence of osteoporosis/heart disease and relief from uncomfortable hot flashes.

Gerontologists and nurses care about older women and want to know everything there is about a phenomenon so they can knowledgeably educate, give the necessary information for intelligent, individual choices, and expand general knowledge.

Purpose of this Study

The purpose of the present research was to investigate, using a holistic approach, the essential nature of the meaning of the beliefs about HRT use by older women users

through phenomenology. The research approach, phenomenology, was used to help understand the human experience from the individual's perspective (Knaack, 1984). The purpose was not to seek the truth of any specific theory, nor was it to have any preconceived operational definitions of variables (Denzin & Lincoln, 1994). To measure them would have excluded the possibility of examining the meaning of women's beliefs about HRT use (Knaack, 1984).

Research Question

This study was initiated to discover an understanding and description of what non-institutionalized, community dwelling older women's beliefs are about HRT as a lived experience. The question guiding this research was: What is the meaning of the beliefs about HRT use in the lives of older women experiencing the use of HRT? It was based on the phenomenon that older women are continuously changing and interacting with their environments. Their lives are complicated, highly integrated, and above all, very private.

Research Objectives

The objectives of the research were:

1. To discover beliefs about HRT in older women users.
2. To describe the beliefs about HRT in older women users.
3. To attempt to understand the cognitive and subjective beliefs about HRT in older women users through

descriptions.

4. To expand general and professional knowledge through the study of beliefs about HRT in older women users.
5. To begin developing hypotheses about beliefs of older women HRT users.

Review of the Literature

Over the last four decades various scientists and health professionals have made valuable contributions to the study of HRT and women through quantitative methods. Much research has been conducted from the perspective that menopause is an endocrine disturbance or an emotional disorder (Neugarten & Kraines, 1964). Very few studies have been on women 50 years old or older who use HRT and no studies were found that use phenomenological research to examine the beliefs of HRT use of older women users.

Peters (1992) reviewed the physiology and treatment of vulvovaginitis in postmenopausal older women. She noted that the symptoms of vulvovaginitis are the same at any age, but emphasized after menopause the symptoms can result from atrophy. She concluded that estrogen, is the therapy of choice orally, intravaginally, or topically.

Another review discusses osteoporosis and the role of estrogen, exercise, and calcium. The conclusion was that all three elements are needed to prevent osteoporosis (Munnings, 1992). However, Felson, Zhang, Hannan, Kiel,

Wilson, and Anderson (1993) concluded that bone mineral density in women 75 years and older who had used HRT was only slightly higher than nonuser women.

Studies on cognitive effects of estrogen replacement in older women have had mixed results in the past. A recent study concluded estrogen replacement was associated with better performance on a proper name recall task (Robinson, Friedman, Marcus, Tinklenberg, & Yesavage, 1994).

Another study evaluated the effect of estrogen replacement for menopause on skin. Findings were that an increase in skin extensibility was evident in the menopausal women not on estrogen replacement and women taking estrogen replacement had limited age related skin extensibility. The conclusion was that estrogen replacement may retard the aging process of skin (Pierard, Letawe, & Pierard-Franchimont, 1995).

Logothetis (1991) studied women's beliefs about HRT use in menopausal women using the Health Belief Model as the frame for assessment. In her quantitative approach, Logothetis (1991) tried to capture what menopausal women believed about estrogen replacement and how they came to decisions about the use of estrogen replacement. Findings were that the most important factor in women's decisions about estrogen replacement were their perceptions of benefits and concern about possible negative effects.

Furthermore, the author discussed the conflicting opinions about estrogen replacement, how much women do not know about estrogen replacement, and the need for more accessible and reliable information.

Schmitt, Gogate, Rothert, Rovner, Holmes, Talarczyk, Given, and Kroll (1991) conducted a quantitative study that attempted to assess and better understand women's decisions regarding whether or not to take hormones during menopause. They found that decisions to take hormones during menopause were related to knowledge of, and attitudes about, menstruation, menopause, mother's menstruation/menopause experiences, perceived symptom difficulty and stress, and vitamin use. Schmitt, et al. (1991) concluded that risks of cancer with HRT use were not significant when women were experiencing uncomfortable symptoms due to estrogen decline that results from menopause.

A final study of HRT use discussed fluctuations and changes in beliefs and perceptions of women, ages 50 to 65, from the 1970s to 1980s. It was reported that women used HRT more in the 1980s than in the 1970s (Harris, Venugopal, King, & Haskell, 1990).

Most of the studies looked at the physiological aspects of HRT. All of the studies used a quantitative approach. These findings are consistent with the NIH Task Force on Opportunities for Research on Women's Health and ORWH.

Looking at other structures, such as phenomenology, to guide our research may help develop a better understanding of many of these issues, including the beliefs of older women about HRT use. From this research a hypothesis and variables were developed that can be tested at a later date using quantitative research strategies.

Method

Research Design

This phenomenological study attempted to discover and understand the meaning of the beliefs of HRT use of older women as they experienced using HRT. For the purposes of this study, phenomenology was the underlying philosophy, approach, and research method. To ensure that older women's beliefs about HRT, as they experienced the use of HRT was investigated as they truly appeared, this research explored the experience with no preconceived expectations or presumptions (Denzin & Lincoln, 1994). The data gathered using this method was not limited to observable facts or objective data. This study included all available phenomena, including the personal meanings about the beliefs older women have about HRT use. The researcher, using the phenomenological method, attempted to understand all data within these beliefs about the use of HRT experience from the perspective of the older woman. The concern was to understand both the cognitive and subjective perspective of

the older woman who has beliefs about HRT use and the effect this has had on her life. The goal was to describe the total system of the older woman's belief about HRT use. To achieve this goal, a process of bracketing, uncovering layers of interpretation, was used (Denzin & Lincoln, 1994). Statement and phrase clusters were identified and analyzed. Meaning units were then developed into descriptive themes (Knaack, 1984).

Participants.

A nonrandom sample of 10 cognitively-intact women, aged 49 years and older, was recruited by networking with friends, classmates, colleagues, professors of research, and referrals by participants. Senior citizen centers and women's organizations were contacted about potential older women participants using HRT. The participants recruited for this study were community dwelling, postmenopausal white women from Vermilion County, Illinois who were currently using HRT and had been for at least one year. Six women were nonsurgical menopausal when they began using HRT. Four women had experienced a pre-menopausal hysterectomy. Three of the four began using HRT postoperatively. One woman who had experienced a hysterectomy in her middle twenties began HRT use at age 48.

Nine of the women were working in Vermilion County and one was retired. Their occupations varied and included:

dance teacher; medical clinic assistant in an OB/GYN department; part time nurse at a health clinic; Director of Training and Development at a community college; clerical worker at a garbage disposal company; secretary at a health clinic; business office worker at a health clinic; phlebotomist in a medical lab; teacher/educator; and retired real estate associate.

Survey Instrument.

The survey questionnaire contained seven items developed by the researcher based on the literature review and recommendations by two colleagues experienced with phenomenological research (See Appendix 1). Responses to each question were followed by interview probes to expand each participant's answer. The interview probes were developed by the researcher and critiqued by two colleagues experienced with phenomenological inquiry (See Appendix 1).

Reliability was established through use of the instrument with the first two participants interviewed. Reliability of contents and themes of all interviews were determined through an analysis by the researcher. A critique and evaluation were performed and confirmed by two colleagues experienced with qualitative phenomenological research and familiar with the study topic.

Procedure

Permission from organizations and the women volunteers were obtained to perform the research and invite women to participate. The participants were asked to sign a consent form which included the following information: (a) the purpose of the study; (b) the means of recording the data which will be through an audio taped interview transcribed and analyzed after the interview; (c) the time length of the interview session will be no longer than 30 minutes; (d) the risk factor will be that of personal information not usually talked about by the participant will be disclosed to the interviewer; (e) the importance of the research will be the benefit that the information may help others to better understand older women's beliefs of HRT; and (f) the assurance of anonymity and confidentiality (See Appendix 2).

All interviews were conducted by the author. Prior to each interview the researcher attempted to set aside her presuppositions, including professional and empirical knowledge, to help capture and understand the meaning of older women's beliefs about HRT. Interviews were conducted face-to-face and took place in a setting of the participant's preference and convenience. The researcher gained acceptance and trust by providing student credentials and by displaying social sensitivity, tactfulness, integrity, and intent of goodwill. The researcher did not

disclose her registered nurse license that could have caused responses to be only medical/health related.

The guided interview questions were used to encourage each woman to discuss her beliefs about HRT use. The seven instrument questions were then asked and responses were audio tape-recorded. At the end of the interview the researcher verified with the participant content and meaning. The participant was asked to fill out a short questionnaire asking birth date, retired/occupation, and county/state residence (See Appendix 3).

All taped interviews were transcribed verbatim by an experienced transcriptionist and scored for accuracy by the two independent raters. Any discrepancies were resolved by consensus.

Data Analysis.

Each transcript was read in order to determine understanding of the content and the meaning. Statement and phrases considered to be significant in relationship to older women's beliefs about HRT use were extracted from each interview transcript. Frequencies of occurrence were tracked. Meanings were formulated through integration and synthesis from the statements and phrases that appeared most. The formulated meanings were organized into themes to develop an understanding of the whole. The researcher then attempted to describe the phenomenon of the beliefs older

women have about HRT use and develop hypotheses for further research use.

Results

This study was conducted to develop an understanding and description of non-institutionalized, community dwelling older women's beliefs about HRT as a lived experience. The research question was: What is the meaning of the beliefs about HRT use in the lives of older women experiencing the use of HRT? It was based on the phenomenon that older women are continuously changing and interacting with their environments.

Responses to the seven questions asked during the interview were categorized and combined to assist the researcher in developing belief themes.

1. How are you using HRT?

Non-Hysterectomy Group. All six women in the non-hysterectomy group stated they were using the pill form of HRT. One woman stated she was not familiar with the patch. One woman stated the pill was easy to take. One woman had questioned her physician about the patch.

Hysterectomy Group. All four women in the hysterectomy group stated they were using the pill form of HRT. One woman had used the patch for a short time after experiencing surgery. One woman stated that the pill was all that she was offered, however, if given the choice between a pill and

a patch she would choose the pill. This woman stated she was not familiar with the patch and that the pill was easy to take.

Group Comparison. All the women in both groups were using the pill form of HRT. Only one woman had used the patch for a short period of time; she was in the hysterectomy group.

Theme One: Both the non-hysterectomy and hysterectomy groups believed that the pill was an acceptable easy method of using HRT. The patch was talked about as an alternative; however, the patch was not a familiar method to all the women.

2. What do you perceive as the reasons you are taking HRT?

Non-Hysterectomy Group. All six participants in the non-hysterectomy group began using HRT as a preventative medication, after being so advised by their physicians. Five women were using health services provided by a gynecologist; one chose to use the services of an internist. However, on the advice of her physician this woman received services, on two separate occasions, from a male gynecologist and female gynecologist.

Four participants in the non-hysterectomy group were using HRT for relief, control, and prevention of the symptoms of menopause. One participant explained, "To control my hot flashes. Also, to have a better state of

mind and well-being." She stated her problem with mood was the major reason why she began using HRT, "Yes, really bad mood swings." Another woman described her reasons for HRT use, "I'm using it to get through menopause, and I use it in the pill form. My reasons are that I was having problems with depression and sleep disorder, burning in the chest, and perspiring heavily. ... And it has really been helpful to me." Another woman stated her reasons for using HRT. She explained, "Well, for a regular period, which I had. I was always having periods every three to five months, and I was having hot flashes."

The two menopausal problems discussed most frequently in the non-hysterectomy group as reasons for initiating use of HRT were hot flashes (perspiring) and mood swings/problems. Four women talked about hot flashes or perspiring heavily. Two women discussed mood problems as a reason for using HRT. Two participants specifically identified depression as a reason for using HRT. However, other problem descriptions were used by the participants as reasons for HRT use. Some words or phrases stated by the women were: hot flashes - horrible; didn't want to go wacko; having a few problems; and straighten me out. One participant clearly summarized the menopause experience that was an impetus for consulting with her physician and helped her to make the decision to begin HRT. "Yes, I knew that

there was no reason for me to ever be depressed, but I just felt that Evidently I had such a high level of estrogen as a person, and then when it started to leave me, it hit me right between the eyes, you might say. And because I'd always been very active, and there was never any depression ever. And so when this process started taking effect on my body, it hit me that way."

Prevention and control of menstrual irregularity was talked about as a problem and a reason given for HRT use by three women in the non-hysterectomy group. "I was having trouble. Menstrual cycles were not regulated, but I wouldn't stop menstruating. So when I went in for my physical, he said I was not making enough of the hormone to stop menstruating, so that's why I went in." One participant was concerned about the decrease in menstruation and received physician advice about HRT use for bringing about a more normal menstruation pattern. She explained, "Well I went to the nurse and told her that I wasn't having periods, I was just kind of having irregular ones, and she thought it would be a good idea. And so I seen the doctor and he suggested that I go on it." The third participant described her menstrual problem, "What I was having more problems with was just controlling my flow, ..."

Age was talked about by five participants in the non-hysterectomy group in relationship to their reason for HRT

use. One woman stated, "...and I was at the proper age of 53." Another participant stated she began using HRT at age 51 and talked about the importance of beginning therapy before age 50 and that it wasn't too late to begin at age 50 or 60. She emphasized that there were benefits in later life. Another woman believed she was prescribed HRT use at an earlier age because of mood problems. She stated, "I really think that's what prompted him to put me on them even earlier. I was put on the replacement therapy in my early 40s."

Physician introduction/discussion about reasons for HRT use during their health care visit was described by five of the women in the non-hysterectomy group. One participant was introduced to HRT use after she experienced a gynecological procedure. She stated, "... and the doctor thought this would be a good time, right after I'd had a D & C." All study participants in the non-hysterectomy group stated their physician discussed HRT use for control and prevention of: menopause symptoms; menstrual problems; and/or prevention of diseases. It seems many of the women were questioning if they were experiencing menopause and received physician guidance about HRT use. All of the women stated that the physician asked them to begin HRT use. One woman talked about how her annual checkup was an opportunity to discuss her menopausal symptoms, "When I went for my

yearly I was complaining about the hot flashes and then the mood swings. And so then he said, 'Well, let's try,' so he did bring it up." Another study woman described her physician visit and emphasized that her physician had influenced her decision to use HRT for establishing regular menstrual cycle. She stated, "Yes, my physician did ask me to go on it." Another participant stated, "And he suggested it, and I'm taking it."

Trust and confidence in the physician was another factor that influenced all the study women in the non-hysterectomy group to use HRT. One participant had not experienced menopausal symptoms or menstrual irregularity. Confidence in her physician was specifically talked about. "I had no symptoms whatsoever. However, he's been my physician since I was probably 28 to 30 years old, and he really knows me and felt that I should be on it. And I have a great deal of confidence in his ability to treat women." Another study woman answered her response to why she was using HRT, "Because my physician felt it would be a good idea." One woman stated, "As long as the doctor says I should take it, I will take it."

Prevention of heart problems was noted by five women in the non-hysterectomy group as a reason for using HRT. One woman stated, "I've a strong history of heart disease, and it's a good prevention towards that." Another woman talked

about the seriousness of heart disease and high blood pressure and prevention of these problems with HRT use. She stated, "At the same time, heart disease is a serious problem in our family, and since I have taken the hormone replacement therapy I have had no reading whatsoever of high blood pressure." This participant talked about her physician emphasizing the importance of preventing cardiovascular degeneration, "That was very important and one of the reasons he thought that it was a good idea that I be on the pill-on the therapy."

Prevention of aging diseases with use of HRT was a primary reason of one participant in the non-hysterectomy group. The other five participants in the non-hysterectomy group discussed that one of the significant benefits of HRT use was prevention of aging diseases. The woman who stated the primary reason for her HRT use was prevention of aging diseases explained, "But the reason I'm taking it, is that my physician, my primary care physician, feels that because of my back ground—that is the heredity factor, he feels that osteoporosis might be a problem. So he really wants me to take it, and I take it in rather limited doses." Another participant stated, "That was a factor also. About our brittle bones and how we need so much more." One woman discussed that HRT use had additional advantages because the treatment prevented both osteoporosis and cardiovascular

disease. She explained, "He didn't necessarily recommend that I take the replacement because of that (osteoporosis), but he said that was basically a bonus of taking it for heart prevention, osteoporosis prevention, hot flashes, etc." Another participant stated, "Well, it helps prevent osteoporosis. And that is one thing I think I was worried about. Because my mom has awful brittle bones now."

Independent readings and questioning the physician were talked about by all the women in the non-hysterectomy group as important information resources in relationship to their reason for using HRT. One participant stressed that her work in a health care clinic provided a better understanding of HRT and was also an influencing factor in her initiating use. Furthermore, she talked about her need to gain knowledge and how she researched by reading the pamphlet about the therapy before beginning use. She stated, "But I felt I wanted to be informed on what I was doing." Another woman described her independent research and its impact on her reason for HRT use, "I was referring to the one I believe that was reported possibly by the AMA--in the AMA. And this test showed that persons who had taken the hormone replacement therapy, and it gave different breakdowns at different ages. Had they taken it before they were 50, they would benefit in the long run, and they gave the percentages and so forth according to the results from the test. The

same thing for persons between ages of 50 and 60, ..." This woman felt strongly that physician questioning about HRT was very important and stated, "Frankly, when he first prescribed it, I had no idea he would prescribe it. And I really, really questioned him because I'd read a great deal about it."

Hysterectomy Group. All four participants in the hysterectomy group began using HRT as a preventative medication. Three women began HRT use postoperatively after hysterectomy. One woman was prescribed HRT use during a physician visit approximately twenty years after her hysterectomy. All four women were using HRT after being so advised by their physicians; all four were also using health services provided by a gynecologist.

Prevention of symptoms of menopause through HRT use was a reason talked about by all four women in the hysterectomy group. One participant began using HRT specifically for relief of symptoms of menopause. This woman had experienced her hysterectomy during her twenties and had been on HRT for approximately one year. She explained, "Basically, the inconvenience and discomfort. I was experiencing the hot flashes and the weight gain and things like that--everything that was indicating I was coming into menopause." Two of the women who began HRT postoperatively talked about preventing menopausal symptoms as a reason for use. One

participant stated, "I also was having hot flashes after my hysterectomy." The fourth participant stated she began using HRT postoperatively to prevent menopausal symptoms. She was not experiencing menopausal symptoms. However, when questioned about her reasons for using HRT she discussed the importance of the therapy for prevention of menopausal symptoms e.g. hot flashes and vaginal dryness.

Menopausal problems talked about by the four women in the hysterectomy group as reasons for HRT use were: night sweats; bad temperament; and irritability that comes from lack of sleep resulting from menopausal symptoms. An array of other experience descriptions was used by the hysterectomy group as reasons for HRT use. Some words or phrases stated were: my body just was rebelling; strangeness going on in my body; could not function properly; bit heads off; and bite-ier. The one woman who began HRT specifically for relief of symptoms of menopause described her reasons for use. She explained, "Those awful feelings and when you go some place you think, good golly am I going to have one of those in this meeting. And when you're in a hot flash like that in a meeting, it doesn't matter how important it is or whatever, the hot flash just takes over."

Age as an indicator for HRT use was talked about by two participants in the hysterectomy group. One woman was not

convinced that the need for HRT at a specific age was an indicator for use. She explained, "Because the doctor told me to take it for my age, because of night sweats. ... But I think they (physicians) put them (women) on a lot of medications because they just put everybody on the same medications. Oh, you're so and so age, you should take this. You know, I just don't agree with that. And when I reached 50 years old, to put me on estrogen because I'm 50 doesn't mean that someone else that's 45 shouldn't take it, or someone else should not wait until they're a little older to take. I just think doctors all clump us women all together and give us all the same stuff." Another woman stated, "I began using HRT at approximately 50 years of age on the advice of my gynecologist." However, this woman, a health care professional emphasized, that research has proven that a need for HRT is related to a woman's age. She explained that estrogen decline occurs between the ages of 45 and 55. Estrogen replacement through HRT use is prudent because it helps alleviate uncomfortable menopausal symptoms that is experienced by some women and prevents a debilitating disease - osteoporosis.

Physician discussion and a medical test during health care visits were talked about by the hysterectomy group in relation to reasons for HRT use. One participant had

discontinued use and discussed that her physician had encouraged her to initiate HRT use again. She stated, "... it's mostly because he insisted, emphatically." Blood tests advised by the physician were discussed as a tool for determining menopause and HRT use for one woman. The participant stated, "...I went to the doctor, then with his assurance, first we took the blood samples and determined that for sure that (menopause) was what it was. And I don't really follow it, but there was some count that was high or low, and there was no question but I was going through menopause."

Trust and confidence in the physician was an important factor for all hysterectomy participants in relationship to reasons for HRT use. One woman stated, "I felt confident in his (physician) confidence that the risk that I was taking with this pill was so minor." Another woman, reluctant about HRT use stated trust in her physician was the reason she was using HRT. The participant explained, "If he feels it's important for me to take them, that's fine. That's good enough for me. I trust him."

Prevention of heart problems as a reason for HRT use was talked about by three women in the hysterectomy group. One woman stopped HRT for a period of time to lose weight she believed she had gained from use. However, this participant talked about her belief that prevention of heart

disease through HRT use is important. She explained. "I think there are good aspects to it. If they, you know, like the cardiac part of it, I think it's beneficial." One woman stated, "It's been proven that this (HRT use) helps with also the heart (prevention of cardiovascular problems)." Another participant talked about prevention of heart problems, "Well, now they are saying that it helps prevent heart disease and that's a good thing. Besides that, I don't want broken bones. That's another good thing."

Prevention of aging diseases such as osteoporosis through HRT use was discussed by three participants in the hysterectomy group as reason for HRT use. One woman stated HRT use was specifically for prevention of health problems associated with women 50 years of age or older. Another woman discussed hidden problems with estrogen decline and identified the resulting bone disease. "My reason for taking HRT is purely as preventative medication. ... Other problems related to estrogen loss may not be found at first, and these problems do not go away. They can last for years and have serious complications, such as osteoporosis."

An informative hospital program helped one participant in the hysterectomy group to understand reason for HRT use. Knowledge gained through professional/job experience about reason for HRT use was helpful for three participants in the hysterectomy group. One woman, a health care professional,

had studied in depth the research on HRT. When questioned about her reason for using HRT she stated, "Today, women live longer than ever before. A century ago few women lived to age 50. Today the life expectancy for women is nearly 80 years. This means that the average woman may be living more than a third of her life after menopause. It has been proven taking hormone replacement therapy not only helped to relieve menopausal symptoms such as night sweats, moderate to severe hot flashes, vaginal dryness, irritability that comes from the lack of sleep resulting from these symptoms. But also, studies have shown that women who begin taking hormone replacement therapy within a few years of menopause had approximately 60 percent fewer hip and wrist fractures than the woman who had not taken estrogen." One woman discussed how a hospital program was helpful in providing information about menopause and HRT use. She explained, "We have locally, just so happened that not too far in advance of my starting this (HRT), that a local hospital had put on some informative programs about women and what we're experiencing, so that was helpful."

Group Comparison. Both groups began using HRT as a preventative medication. All six women in the non-hysterectomy group and one participant in the hysterectomy group were introduced to HRT during physician visits. However, three hysterectomy women began using HRT

postoperatively. All the women in both groups began using HRT after being so advised by their physicians. Five women in the non-hysterectomy group and all the participants in the hysterectomy group were using services provided by a gynecologist. One woman in the non-hysterectomy group was using the services of an internist. However, she had used the services of a gynecologist on two occasions after recommendation by her physician.

Four participants in the non-hysterectomy group and one participant in the hysterectomy group were using HRT for relief, control, and prevention of the symptoms of menopause. However, prevention of symptoms of menopause through HRT was an important reason for use given by all four participants in the hysterectomy group.

The two menopausal problems discussed most frequently by both groups as reasons for initiating use of HRT were hot flashes (perspiring) and mood/temperament problems. Two women in the non-hysterectomy group noted that depression was a reason for HRT use.

Prevention and control of menstrual irregularity was talked about as a problem and a reason given for HRT use by three women in the non-hysterectomy group. The four women in the hysterectomy group reported no incidence of bleeding and because of their surgeries were not menstruating.

Age of estrogen decline or cessation in relationship to reason for HRT use was talked about by five participants in the non-hysterectomy group and two women in the hysterectomy group.

Physician introduction/discussion about reason for HRT use during health care visits was talked about by five women in the non-hysterectomy group and two women in the hysterectomy group. One woman in the hysterectomy group received a medical test during a health care visit and the results indicated need for HRT use.

Trust and confidence in the physician's knowledge about reasons for HRT use was a factor that influenced all ten participants, six non-hysterectomy women and four hysterectomy women.

Prevention of heart disease as an important reason for using HRT was talked about by five women in the non-hysterectomy group and three women in the hysterectomy group.

Prevention of aging diseases, such as osteoporosis, was a reason for HRT use talked about by all six participants in the non-hysterectomy group and three women in the hysterectomy group. One woman in the non-hysterectomy group was specifically using HRT for prevention of osteoporosis.

Independent readings and questioning the physician were talked about by all the women in the non-hysterectomy group

as important resources in relationship to their reason for HRT use. An informative hospital program was helpful in understanding reason for HRT use for one woman in the hysterectomy group. Knowledge gained through professional/job experience about reason for HRT use was talked about by two participants in the hysterectomy group.

Theme Two: Belief by both the non-hysterectomy and hysterectomy groups that the underpinning of their reasons for using HRT was a desire to live a healthier life during the experience of aging changes. This belief was influenced by: discomfort experienced or concern that they would experience symptoms of estrogen decline resulting in a negative impact on present and future health and daily living; physician introduction to HRT use, physician advice with discussion/information, and physician confidence; research study readings, knowledge gained from a health care work setting, and hospital information program; and awareness of hidden effects of estrogen loss in aging women.

3. What has been your experience with HRT use?

Non-hysterectomy Group. Length of time taken and commitment to prescribed HRT use appeared to be significant factors included in all six non-hysterectomy participants' HRT use experience. One woman had been using HRT for twelve years. Two women had been using the therapy for approximately ten years and this was followed by eight years

for one participant. One woman had been using HRT for approximately two years. Another participant stated that the therapy was a new concept in her life and had only been using HRT for a year. The woman on therapy for approximately twelve years had experienced problems with dosage when she was in the initial stages of her therapy, however, she emphasized her commitment to HRT use. She stated, "I don't wish to get off of it because I guess I'm a big believer in it that I don't see myself..." One woman discussed the negative effect within her body when she stopped using HRT. This participant, using HRT for ten years, discovered on a trip that she had left her pills at home and talked about weakness and not feeling right without the therapy. She explained, "In fact, I at one point on a trip, I didn't have it with me, and I was like a day off. And I could feel a real weakness in my body, and I figured that was the problem—that I had to go without my pill at that point." The participant who had used HRT for approximately ten years believed there were many advantages of HRT. She talked about not wanting to discontinue use. Her experience had been good and she explained, "Well, from what I've read about the results of the studies, I believe that as long as I'm doing well on replacement therapy and my doctor continues to prescribe it, I will stay on it. I see no reason to get off it because I see too many positive

aspects." The participant who had been using HRT for eight years stated she had experienced dosage problems initially.

However, she was positive about her experience and explained, "But once the doctor figured, you know, between the two of us we'd figure it out, everything's fine now."

The participant who had used HRT for two years was ambivalent about continued use, however, she believed there were benefits. Initially she had a good experience,

however, the HRT prescription was changed and she believed diminished periods were the result and a problem. She

explained, "I've been on three different kinds. The first time I went, the first kind that I was put on was fine. I'd been on them for about a year, and they were fine.

Everything was regular. Come that 28 days it was period time, and I would do that and follow the instructions of the pills. But I went for a checkup and they thought I could go on, I think it was Prempro. Yes, I went on them and I

wouldn't . . . , it would basically diminish the periods I guess, so then I wouldn't have any at all." The woman who had experienced one year of use discussed her concern that there may be a relationship between HRT and cancer.

However, she believed her experience for the approximately a year of use had basically solved some problems and was preventing other problems. She explained, "Basically it solves the problem as far as regulating the menstrual

cycles. ... I've only been on the hormone replacement therapy for one year, so really, I'm just starting into this. I think probably yes, I would start to experience more symptoms of menopause that I'm not having if I was not on this. And again, my cycles were not regulated at all, so I basically feel like I have to be on it."

The six women in the non-hysterectomy group talked about having good experiences with HRT use in relationship to preventing and controlling the negative effects of menopause. The six study participants provided favorable descriptions when questioned about their experience with HRT use. These women believed therapy had decreased menopausal symptoms and/or menstrual irregularity and positively improved their perception of wellness. One participant stated, "I do not have any problems with hot flashes. I feel like it has controlled that." Some phrases used by the women as they talked about their experience were: helping me out beautifully; sleep better; better attitude or temperament; feel like I'm more up; help with depression; getting along great; keeps energy level up; keep in a good frame of mind; and no high blood pressure readings.

Three women in the non-hysterectomy group described problems with establishing an appropriate dosage and/or kind for effective HRT use. One woman stated that it took time to establish an effective dosage level. Another participant

stated, "No, it took awhile. I mean, I had to get it into my system. In fact, they had changed me a couple of different times with trying to get me set up with the right (dosage)... I have real bad hot flashes, and the new change might have been a little better, but it took several months to get me on the right dosage. Another participant stated she had used three different kinds of HRT due to side effects with the types she used initially. She explained that the side effects she had experienced were problems, as far as spotting. However, the last HRT prescribed has resulted in no occurrence of bleeding. This participant was concerned that she had ceased bleeding.

Weight gain with HRT use was an experience talked about by five of the non-hysterectomy participants. One woman talked about her weight related problems that she had experienced during HRT use. She stated, "And I've always also experienced joint pain, water retention, and weight gain. It seems like it just comes and goes. Water retention is mainly closer to the period time. ... I worry about my increasing weight since I've started taking them. And I have a lot of water retention." Another participant who experienced weight gain stated she would balance out the negative weight gain but continue to take HRT because of overall well being. Another participant talked about weight gain when she began using HRT but believed it was not a

problem. She stated, "A little bit, but not to the point that it would have made any differences on my part." She further stated, "I've probably exercised in various ways for 25 years." Another non-hysterectomy participant stated that she had questioned whether weight gain was an experience from HRT use. She explained, "Probably the only thing, is maybe I had a little trouble with my weight, and I don't know if that has anything to do with that."

Although the non-hysterectomy women discussed weight gain as an undesirable aspect that could have a relationship with their HRT use, four of the women indicated that their life styles were physically active and/or were involved in regular dance activity or exercise classes. These women indicated that healthy activity was important and perhaps would enhance the HRT use experience and decrease the weight gain that may have a relationship to the therapy/aging.

Five participants in the non-hysterectomy group talked about cancer in relationship to their HRT use experience. These women discussed that cancer is a health issue that is a concern in relationship to HRT use. However, most of the women were independently monitoring health research and/or questioning their physician. One woman talked about her concerns about cancer. She had helped care for her mother during her mother's breast cancer illness and subsequent death. She was presently helping her sister who was

experiencing breast cancer. This was a concern in relationship to her HRT use. However, she explained, "I mentioned that even though my mother died of breast cancer, and it is in the family, I chose to take the hormone replacement therapy." Another participant explained that she had been concerned when her last mammogram resulted in abnormal scattered calcification but discussed that this incidence did not cause her to be fearful of HRT use. She stated, "But, would we say that this might have been because of . . . ? I don't know. But I'm not afraid of it—it doesn't make me frightened or want to go off the pill or anything—you know, go off this therapy treatment that I'm on." Another participant in the non-hysterectomy group stated her concerns about HRT use and possible relationship to cancer. She explained, "Okay, and the only, and this is just again what I've read and that they are worried about that uterine cancer matter. You know, to me probably that would be the only really down side." One woman talked about findings of her independent research/discussions with her physician in relationship to cancer and her HRT experience. She explained, "I do know from all I've read and studied and from talking to my physician at length that I do believe that there may be—especially now that we've done another study, or another study's been conducted, that at my age I may be less likely to develop any kind of cancer, such as

breast cancer of any other female cancer in the ovaries or whatever." The last of the five participants in the non-hysterectomy group that talked about cancer in relationship to their HRT use experience was fearful that cancer does have a relationship to HRT use. She expressed her fear, "And maybe cancer of the breast or uterus, and those things kind of scare me I guess."

One woman in the non-hysterectomy group specifically stated that their experience with HRT use had been good with no incidence of problems. The woman stated, "I have had no unusual experience. In fact, I don't even know. I just keep track of the dates and do what he tells me to do, and I've had no side effects—nothing whatsoever."

All six participants in the non-hysterectomy group included independent research and/or questioning the health care provider as an important aspect of their HRT use experience. It seems they questioned their physician on return visits because they wanted to maintain understanding about therapy use with the goal to be able to identify potential problems/benefits in relationship to the HRT experience. One woman stated, "Now when I read something new about it in a medical journal or whatever, I question him and give him extensive feedback from myself." Another woman had read about potential harm from the use of the pill form of HRT and questioned her physician. She stated, "And

the pill—I talked to the doctor one time because I had read that it will do damage to the kidneys, and it could be harmful in that way, and maybe I needed the patch. And he said if I took the patch that would not protect me from stroke or from”

All six women in the non-hysterectomy group stated they would recommend HRT to a friend and/or their concern for women not using the therapy. One participant explained, “Well, in fact I have recommended it to friends, and I’m sure that because of their—because I know their dispositions and their qualities, and how they care, and how educated they are, they will certainly check into everything possible when they get to this age.”

Hysterectomy Group. Length of time taken and commitment to prescribed HRT use seemed to be significant factors included in the HRT use experience of the hysterectomy group. One woman had used HRT for fourteen years; this was the longest time interval reported. This participant talked about her strong belief that HRT use was an intervention women needed to think about. This woman had stopped using HRT for a short period of time on one occasion that resulted in a problem - headaches. She explained, “I have at one time, when I stopped taking the hormone tablet, began getting headaches. And I think it was because of the drop in the estrogen level. So boy, I started back up

again." The next longest time of HRT use was twelve years by another participant. This woman stated that she had not experienced any problems with HRT use. She clearly indicated she would continue HRT because she believed she would not feel good if she discontinued use. She stated, "I'd probably have hot flashes, and I don't want to chance it." One woman had used HRT for two years. She had stopped therapy for a period of time because she believed HRT use had caused weight gain. The concept of HRT use was new to the fourth participant in the hysterectomy group. She had used HRT for approximately one year. This was the least amount of time HRT use was noted. This participant also complained about weight gain, however, she believed that it was related to aging changes at the age of menopause in contrast to HRT use. This participant was positive about HRT and committed to continuing use because she was experiencing much desired relief from symptoms of menopause.

The four women in the hysterectomy group talked about having good experiences with HRT in relationship to preventing and controlling the negative effects of menopause. These four women believed the therapy had prevented or decreased menopausal symptoms and positively improved their perception of wellness. Another woman described her experience, "Being positive, I don't have night sweats, my temperament seems to be a little bit

better. I have had a bad temper normally. It just seems to . . . , I can control my temper a little bit better. It's just fine." She further stated that when she had stopped using HRT she was more irritable. Another study woman stated, "It's been fine. I haven't had any problems at all. ... I feel better, yes." One woman talked about the HRT use experience in relationship to what she has observed and learned through professional interaction with women. She stated, "I am not only a woman but also a nurse, having worked in an OB-GYN office for the past 30 years. I have seen hand on hand the benefits brought to our menopausal and postmenopausal patients." This woman summed up her personal HRT use experience, "And I do feel that, yes, I have been enhanced by taking the estrogen." The fourth hysterectomy participant who complained that the uncomfortable menopausal symptoms had impacted negatively her job performance talked about her positive HRT use experience. She stated, "To get rid of what I'd already experienced, it was just hardly any question about it (HRT use), plus we'll monitor that and be watching for any signs if it says that my body doesn't like this, but so far it's been excellent. I'm just like I used to be." Some phrases used by the women in the hysterectomy group as they talked about their good experience with HRT use were: right for me; feel better; and so far so good.

One woman in the hysterectomy group talked about changes in prescription in relationship to her use experience. However, this participant experienced no problems with the change. She stated, "Now when I started out I was taking Premarin and Provera. And I don't know why he had me on both because I don't have any uterus or ovaries. But at that time, that's how they did it. So now, like in the last maybe six years, I've been taking Premarin alone every day. And then I dropped the Provera, so that would be the difference."

Weight gain with HRT use was an experience talked about by three participants in the hysterectomy group. One participant stressed that her weight gain was a predominant issue influencing her decision to not continue therapy on a regular regime for a short period of time. She explained, "Because I stopped taking them on my own because I wanted to lose the weight. I knew that was why I had gained weight, so I quit taking them and then I had my physical and all this and that and everything. And doctor got a little upset with me because I quit taking them, so he lowered the dosage for me." One woman believed she had experienced weight gain. She questioned whether it was related to HRT use or due to the aging process because her weight had begun to increase before she began using HRT. She explained, "I was experiencing, like I say, terrible hot flashes, weight gain-

it just seemed like I drank a glass of water and I was gaining weight. That weight gain kind of did stay with me awhile. The doctor when I went back I think for a three months checkup, he said that eventually my body would taper out of that. And I'm not back where I started, but it did not continue to climb, so I fully believe that I can pull that back." One woman had gained a little weight, however, she was not convinced that the HRT use experience had caused the increase. She explained, "Well, I gained a little. But I think it might be because I quit smoking ten years ago, and that's when I started putting on a little weight, which I needed anyway."

Three of the four women in the hysterectomy group talked about the importance of physical activity and/or exercise in conjunction with their HRT use experience. Although weight gain was discussed as an experience that could have a relationship with HRT use and/or aging, one of the three women emphasized that diet, calcium, and exercise are important interventions that need to be included in the experience to help maintain a healthy weight and physiological status. She explained, "Together with calcium, a proper diet, and exercise, estrogen can play an important role in keeping your bones strong."

One woman, a health care provider, in the hysterectomy group talked about the need to watch for and report unusual

signs and symptoms during the HRT use experience. She noted that women using HRT need to be knowledgeable about the incidence of cancer in their health and/or family history. She explained that the incidences of negative experiences reported were breast tenderness, headache, and abdominal pain. She emphasized that these and other unusual experiences should be reported to the health care provider.

One participant in the hysterectomy group complained about the growth of facial hair during her HRT use, however, she was not convinced that it was an effect of HRT use. She explained, "The only thing, and I don't whether it's related to this (HRT use), it's certainly related to old age I think, is I notice more facial hair." Three women in the hysterectomy group stated they had experienced no side effects during their HRT use. One participant stated, "So I have been taking estrogen 14 years now with no side effects." Another study woman who had used HRT for approximately one year discussed that her experience had been free of side effects. She explained, "So to the point that it helps me, which is so far, so good, I'm all for it. If there were side effects, or if I saw my friends taking this medicine to get rid of the hot flash, but they were getting some other things, no, I would back off of it. But for me right now there's nothing bad,"

All four participants in the hysterectomy group included independent research and/or questioning the health care provider as an important aspect of their HRT use experience. They talked about reading current issues on HRT. It seems they questioned their physician on return visits because they wanted to maintain understanding about therapy use and identify potential problems/benefits in relationship to the HRT experience. One woman explained, "I'll be smart enough to have my checkups and be aware if something seems strange."

The four women in the hysterectomy group talked about recommending HRT to a friend and/or their concern for women not using the therapy. One participant talked about her concern for women who do not use HRT. The example used was in regard to her stepmother. The woman stated that her stepmother avoided HRT use and the outcome was a tremendous battle to get through menopause.

Group Comparison. Length of time taken and commitment to prescribed HRT use appeared to be significant factors for all the women in both the non-hysterectomy and hysterectomy groups.

All the women in both groups were having good experiences with HRT use in relationship to preventing and controlling the negative effects of menopause.

Three women in the non-hysterectomy group had experienced problems with establishing an appropriate dosage and/or kind for effective HRT use. None of the women in the hysterectomy group discussed problems with dosage and or kind of HRT used. One woman in the hysterectomy group talked about changes in her prescription. However, this woman did not experience problems with the change.

Weight gain with HRT use was an experience talked about by five of the non-hysterectomy women and three participants in the hysterectomy group.

Four women in the non-hysterectomy group and three women in the hysterectomy group talked about physical activity/exercise in conjunction with their HRT use experience.

Five participants in the non-hysterectomy group and one participant in the hysterectomy group talked about HRT use and concern that there may be a relationship to cancer.

One woman in the non-hysterectomy group specifically stated she had no unusual experience with HRT use. Three participants in the hysterectomy group had not experienced side effects with HRT use. One woman in the hysterectomy group stated she had experienced unusual growth of facial hair in conjunction with HRT use.

All the women in both the non-hysterectomy group and the hysterectomy group included independent research and/or

questioning the health care provider in their HRT use experience.

All the women in both the non-hysterectomy group and the hysterectomy group would recommend HRT use to a friend. One participant in the hysterectomy group talked about her concern for women who do not use HRT.

Theme Three: Belief by both the non-hysterectomy and the hysterectomy groups that the experience of using HRT has improved their overall feeling of well being. Thus HRT use has enhanced their self esteem during this stage of their aging. This belief is interrelated with: increased comfort, improved mood, and decreased potential for diseases related to estrogen loss during and after menopause; understanding concerns about adverse effects of therapy; length of time taken, use commitment, and establishing the specific type of HRT for each individual woman; and maintaining informed HRT use through independent study, self observation, and physician questioning and advice.

4. What is important in your life in regard to use of HRT?

Non-Hysterectomy Group. All six participants in the non-hysterectomy group discussed that enhanced daily performance through prevention of the negative effects of menopause was important in their life. One participant stressed that HRT use was important to her because the therapy provided her an undisturbed sleep by preventing hot

flashes during the night. She explained, "Wake up in the middle of the night with the sweats. So to me it's worth just not having that anymore. I mean, that's the biggest thing, I have to say." An easier menopause and maintaining health was important in the life of this participant. "Well, I just feel like hopefully it will help me go through the transition of menopause easier, without problems. And hopefully there won't be that many changes. ... I'm basically in excellent health."

Energy, a positive mental attitude, and a feeling of well being in relationship to HRT use were important in life for three participants in the non-hysterectomy group. One woman stated, "It gives me the high energy level that I need and that I want to maintain—that I've always had." Another participant talked about what was important in her life in relationship to HRT use. She explained, "And again, my well being, my mental attitude, my energy level."

Maintaining a normal cardiovascular function was the major issue for four participants in the non-hysterectomy group. One woman explained, "At the same time, heart disease is a serious problem in our family, and since I have taken the hormone replacement therapy I have had no reading whatsoever of high blood pressure." Another woman talked about her fear of cardiac failure. She explained, "I think the benefits outweigh the negatives because either way . . .

I want to do everything I can towards the history I have. And I come from a family of eight, and we have five that had bypass surgery, so there's only three of us left, and I'm one of them. And that's one thing I worry about a lot. And so I'm really trying to do everything I can just to keep from getting those symptoms." Preventing osteoporosis with HRT use was most important in the life of two non-hysterectomy participants in relationship to HRT use. However, it was perceived to be a reason to use HRT by all the women in the non-hysterectomy group. One of the women had been prescribed HRT use by her physician specifically for prevention of osteoporosis. Another participant was very concerned about her bones becoming brittle because her mother had experienced this problem.

Hysterectomy Group. All four participants in the hysterectomy group discussed that enhanced daily performance through prevention of the negative effects of menopause was important in their life. These women talked about the importance of HRT use in preventing negative effects of menopause that would have an effect on performance and well being. One participant specifically addressed the importance of HRT use to enhance daily performance and decrease the negative effects of menopause on her life in relation to functioning properly in her occupation. She explained, "And to function in my business and have to

relate with the people and everything. ... And I just, working and my responsibilities, I could not experience that (symptoms of menopause) and function properly. And so there was just really no question in my mind."

Maintaining and improving general health with use of HRT was important for three participants in the hysterectomy group. The fourth woman in the hysterectomy group believed she gained weight from HRT use and on one incidence quit to lose weight. Although her HRT experience had been negative in relationship to weight gain, feeling better with use was a result that was important in her life.

A rewarding and productive life during and after menopause with use of HRT was talked about as the most important issue for one participant in the hysterectomy group. The woman explained, "Menopause brings with it some of the most significant changes a woman faces in her lifetime. Some of these changes may be perplexing. Some may be difficult, but the important thing to remember is that for many women menopause can be a change for the better. In fact, many report that these years are among the happiest and most productive of their lives. A key to making these rewarding is making the right decisions where your own health is concerned. One of the most significant is whether or not to begin hormone replacement therapy."

Group Comparison. All participants in both the non-hysterectomy and hysterectomy groups discussed that enhanced daily performance through prevention of the negative effects of menopause was important in their life.

Energy, a positive mental attitude, and a feeling of well being in relationship to HRT use were important in life for three participants in the non-hysterectomy group.

Maintaining a normal cardiovascular function was the major issue for four participants in the non-hysterectomy group.

Preventing osteoporosis with HRT use was most important in the life of two non-hysterectomy participants in relationship to HRT use.

Maintaining and improving general health with use of HRT was important for three participants in the hysterectomy group. Feeling better with HRT was a result from use that was important to one woman in the hysterectomy group.

A rewarding and productive life during and after menopause with use of HRT was an important issue for one participant in the hysterectomy group.

Theme Four: Belief by both the non-hysterectomy group and the hysterectomy group that what is important in their lives in regard to HRT use is the pleasure of having a greater likelihood of a rewarding and productive life during the aging process. The foundation of this belief has

effectively resulted from the therapy: easing menopause or preventing menopause symptoms; enhancing job function; providing uninterrupted sleep; promoting a feeling of well being; increasing energy level; maintaining a healthy cardiovascular system; and preventing osteoporosis.

5. What aspects of HRT use do you view as positive?

Non-Hysterectomy Group. Not having to deal with the bothersome symptoms of menopause resulting in improved concept of wellness seems to be a significant positive effect of HRT use for four women in the non-hysterectomy group. Other positive aspects of HRT talked about in relationship to decreasing the symptoms of menopause were: improved skin; not so prone to bladder infections; mood elevator; prevention of hot flashes; improved mental attitude; and increased energy level.

Prevention of diseases of older women was also viewed as a positive benefit of HRT use by all the women in the non-hysterectomy group. The six participants noted that prevention of osteoporosis was a major benefit with HRT use; some had learned about the risk from their physician and the effectiveness of HRT in maintaining strong bones.

Promoting a hardier cardiovascular system was also talked about as an important positive for all the women in the non-hysterectomy group. One participant stated, "I think osteoporosis is very important to me. And again, my

physician says it was very beneficial in preventing heart disease or heart problems." One woman discussed what she had learned from her physician about increased risk of cardiac complications. She stated, "..., as soon as they told me that when you quit having your menstrual cycles you could have a higher risk of heart trouble, well right then, you know that was it (decision was made to use HRT)."

Maintaining youth, well being, and comfort with one self were overall positive benefits of HRT use talked about by all the participants in the non-hysterectomy group. In relationship to maintaining youth, one woman commented, "Well obviously it does. It keeps your skin and your bones strong, and what else can I say?" Another woman talked about how she believed that HRT use had maintained her youth by keeping her skin looking younger. She explained, "If you want to look at it, I have a very good friend that doesn't take it. And if you would want to compare, and we're kind of the same color tone, the whole nine yards. Especially in the remarks that my skin looks more youthful than hers. Yes, it does maintain youth." "So, I guess I've just always believed that—that it helps keep your body younger," was stated by another participant in the non-hysterectomy group. Another woman talked about her belief that HRT use maintains youth physically and mentally. She explained, "I certainly

do believe it maintains one's youth as well as one's attitude toward youth."

One participant in the non-hysterectomy group described how easy it is to take HRT and how positive she feels about the therapeutic intervention. One woman explained, "It's no problem to get up-take that medicine—which we know is going to make a difference, and I just feel positive about it when I do it."

Hysterectomy Group. Not having to deal with the bothersome symptoms of menopause resulting in an improved concept of wellness seemed to be the most positive of HRT use for one woman in the hysterectomy group. She describes how control of menopause symptoms with HRT use had improved her concept of wellness, "General health, and I think mentally you just don't have that (menopause), kind of hanging over your head."

Prevention of diseases of older women was an important positive result of HRT use noted by three women in the hysterectomy group. Three of the participants in hysterectomy group believed prevention of osteoporosis is a major benefit with HRT use; some had learned about the risk from their physician and the effectiveness of HRT in maintaining strong bones. One participant explained, "The biggest positive side of hormone replacement therapy is bone

protection. The brittle bone disease known as osteoporosis affects one out of every four women over 50."

Promoting a hardier cardiovascular system or preventing heart disease in conjunction with preventing aging diseases were positives noted by two women in the hysterectomy group. One woman explained, "Well, now they're saying that it helps prevent heart disease and that's a good thing. Besides that, I don't want broken bones. That's another good thing."

Maintaining youth, well being, and comfort with one's self were overall positive benefits of HRT use talked about by all the women in the hysterectomy group. One woman discussed the positive of HRT use in relationship to the concept of youth and feelings of well being, "I feel it most mentally, and I think oldness is attitude. And when you're not feeling well, I feel so bad for people who have serious health problems, because I can't imagine how they really function having the pain, or that anticipation of, or whatever. And so for me, if I had to deal with that, I think that would have aged me."

One participant in the hysterectomy group talked about the positive that HRT was easy to take. She stated, "The pill is simple, easy to take."

Group Comparison. Not having to deal with the bothersome symptoms of menopause resulting in improved concept of wellness seems to be a significant positive of

HRT use for four women in the non-hysterectomy group and one woman in the hysterectomy group.

Prevention of diseases of older women was viewed as a positive aspect of HRT use by all the women in both the non-hysterectomy group and three women in the hysterectomy group.

Promoting a hardier cardiovascular system was also talked about as an important positive for all the women in the non-hysterectomy group and two participants in the hysterectomy group.

Maintaining youth, well being, and comfort with one self were overall positive benefits of HRT use talked about by all the women in both the non-hysterectomy and hysterectomy groups.

One participant in the hysterectomy group discussed that a positive of HRT use was that the pill was simple and easy to take.

Theme Five: Belief by both the non-hysterectomy and the hysterectomy group that the positive aspects of HRT use are maintenance of youth and comfort within oneself during the experience of aging. This belief has resulted from the following experience with HRT use benefits: not having to deal with the bothersome effects of menopause; maintenance of body cell integrity; prevention of diseases of older women; and a positive mental attitude.

6. What aspects of HRT use do you view as negative?

Non-Hysterectomy Group. Weight gain and/or bloatedness was mentioned most frequently by the study women in the non-hysterectomy as a negative aspect that may be related to HRT use. Five of the participants discussed weight gain; some believed that HRT use did increase weight. One participant stated, "Weight gain. I don't like the weight gain." One participant talked about another negative she believed resulted from HRT. She complained about bloatedness with HRT use. She explained, "I have problems with that (side effects of HRT use). Especially bloatedness—you bloat on them. ... Probably it wouldn't necessarily be the weight gain. But I do think there's a bloatedness with it, that you do experience." Another study woman talked about her belief that HRT use may be what caused her weight gain. "I've never had a weight problem, but it seems like since I've been on that I've really had a problem. That would probably be the only thing I could think of (negative of HRT use)." Another participant stated she experienced only a little bit of weight gain. However, she was not convinced that HRT use had cause the small weight increase. She explained, "Well, I might have had a little weight gain, but I don't know if I can blame it on that. But let's blame it onto that. When I first started taking them, maybe I had a

little feeling of that, but it leveled off. It didn't get out of control."

Skin breaking out and/or headaches were talked about by two participants in the non-hysterectomy group. One woman stated, "Then again, the skin breaking out, and the headaches. I do feel there are some side effects, yes."

The potential for cancer with HRT use was a concern of three women in the non-hysterectomy group. One participant talked about negative test results in relationship to HRT use. She stated, "I have had a breast biopsy. It was benign. But I am a little, in the back of my mind, you wonder if the hormone therapy could down the road cause a malignancy. My doctor told me that was not something I should worry about. He didn't think there was any problem with that. But I do think about it, yes." Two of the participants believed the research was beginning to decrease fears and the benefits received were greater than the risks. One woman explained that she had recently read that the cancer risk was not necessarily increased with HRT. She explained, "I started taking it when I was 51...., and was frankly really relieved when I heard the results of that last research (AMA research)...., because I have been concerned about whether or not the hormone replacement therapy might cause cancer," One participant stated that although she had a strong family history of cancer she

believed the risk with HRT use was outweighed by the benefits and cancer treatment was now more effective. She explained, "...cancer is prevalent in my family. But again, to me, I'm not looking at that negative because they can do so much wonderful things, many wonderful things for it, so I'd rather have it-- take that chance." One study woman talked about her experience with negative test results after a mammogram that may have implicated a pre cancerous condition. However, she emphasized that the concern over the results did not make her frightened about use of HRT.

Hysterectomy Group. Weight gain was talked about by three participants in the hysterectomy group as a negative effect in relationship to the HRT use experience. However, not all the participants believed that HRT use increases weight. Weight gain was the major factor that influenced one woman to stop using HRT. She stopped using the therapy and lost most of the weight she believed she gained during HRT use. She explained, "And well of course, I pushed it to the end because I didn't take them. I didn't want to take them because I gained weight with the pills. And I told him (the physician), I just really got upset over it." One participant believed the weight gain was more related to changes around the age of estrogen decline/menopause. One woman was pleased with her weight gain. However, this participant believed her weight gain was the result of

stopping smoking. She explained, "I blame my weight gain on when I quit smoking. No, I never did go off of it (HRT use)."

Watching for signs and symptoms of potential problems with HRT use was talked about by one study woman in the hysterectomy group. This participant, a health care professional, talked about side effects of HRT use. She explained, "Well, as I mentioned earlier, there are definitely some side effects. The three most common side effects are breast tenderness, headache, and abdominal pain. Rarely, however, are these serious enough to cause women to stop therapy."

Group Comparison. Weight gain was mentioned most frequently by both the non-hysterectomy and hysterectomy groups as a negative aspect that may be related to HRT use. Five participants in the non-hysterectomy group and three participants in the hysterectomy group discussed that they were unhappy about weight gain during the HRT experience.

Skin breaking out as a negative result of HRT use was talked about by two participants in the non-hysterectomy group. Headaches as a negative result of HRT use was discussed by one woman in the non-hysterectomy group.

The potential for cancer with HRT use was a concern of three women in the non-hysterectomy group and one participant in the hysterectomy group. However most of the

women in both groups were maintaining knowledge about HRT use by questioning, monitoring negative signs, and reading about the therapy.

Theme Six: Belief by both the non-hysterectomy and the hysterectomy groups that improvement in the psychological and physiological state through HRT use is greater than the perceived negatives of weight gain and fear of a possible connection with cancer.

7. What are your goals and expectations of HRT use?

Non-Hysterectomy Group. Three participants in the non-hysterectomy group emphasized that they would continue HRT use because of the positive impact on mood and improvement in attitude toward life during aging. They believed these were the major factors influencing their decision to continue HRT use. One participant talked about how HRT use enhanced her perspective on her life. She stated, "...I'll continue taking it because you're going to die of something and I would prefer to be in a good frame of mind on my way out." Another woman talked about the importance of using HRT long term and shared her thoughts about her improved mood and feelings of wellness. She emphasized that continued HRT use was critically important to her life emotionally many times through out the interview. She explained, "Yes, I had really bad mood swings. ... I don't wish to go off of it because I guess I'm afraid of what

could happen if I do. ... I mean, it really makes me feel more positive. ... I guess my concern was I didn't want to go wacko."

All of the women in the non-hysterectomy group had made a decision to continue HRT use. However, their reasons for their expectations were sometimes different. One woman stated she expected to continue use because she had trust in her physician. She also emphasized, "I think the benefits outweigh the negatives because either way... I mean, I want to do everything I can towards the history I have. One woman thought with proper monitoring there was no reason not to continue. Two study participants had received information from their physician about recommended length of time for continued HRT use. Both talked about their goal to continue use as long as problems did not occur. One study woman explained, "Well I did ask him, and he said, 'As long as you're getting along fine on it, and there's no change in anything, you should stay on it.' And see, I had no idea—I thought, well, probably when you get into your 60s... But I don't think that makes any difference. I mean, as long as you're doing beautifully on it." The other participant stated, "Well, I think the doctor once told me that I had to continue taking it for a long, long time. And I . . . , so far there aren't any problems, so it's been working for me." Another woman talked about her goal to continue HRT with the

expectation that use would help her to have a positive attitude, energy, and health during aging. The sixth participant noted that in the long term she had thought about discontinuing use in approximately five years because of her experience with side effects. However, she stated, I don't know that I will go off it."

Three women in the non-hysterectomy group talked about their expectation that HRT would be improved or a new and better alternative would be developed. One woman explained, "Or I think we have to ask more questions of our physician, and hopefully they will keep searching." Another woman stated she expected improvement in the hormone therapy or a better alternative. She explained, "Only I want it to be better. If they offer something better I'll go that route."

Hysterectomy Group. Three participants in the hysterectomy group emphasized they would continue HRT use because of the positive impact it has on well being. One participant discussed how her nerves would be affected without HRT. "I'm sure I would have been biting heads off. I just could not have had that to deal with. ... So I just can't find anything wrong with it, but if I did I wouldn't take it."

All the women in the hysterectomy group had made a decision to continue HRT use, however, their reasons for their expectations were sometimes different. One study

woman discussed her reasons for her goal for continued use, "And you know, I work with it everyday. I can see what it does. ... No, I just can't imagine my life without it, you know." Feeling good and not having an attitude of oldness were goals and expectations for another participant. She explained, "I feel it most mentally, and I think oldness is attitude. And when you're not feeling well, I feel so bad for people who do have serious health problems, I think that would have aged me. Everything I did was affected by this (HRT use), by how you feel, and if I don't feel well, my attitude is down. I think you see that in unhealthy people. I think you see that in poor people. It's the attitude that makes them old--don't carry themselves straight. It's almost visual." Another study woman talked about her health care visit and her expectation to continue HRT use for the rest of her life. She explained, "Yes, I will (take it for a long time). Well, when I was put on it the doctor at that time told me I should take it the rest of my life, because of my bones. Really, so I expect to be on it." The study woman who had quit using HRT because she believed it had been a major factor in her weight gain stated, "I'll take it as long as he insists." Another participant, a health care professional, noted that HRT was for most women. She summarized the foundation for her expectations/goals to continue HRT use in conjunction with calcium tablets and

exercise as long as she is alive. She concluded, "A commitment to my future-quality of life. My health is a prime factor in determining the quality in this stage of my life. I am thoroughly convinced that hormone replacement is right for me and will provide important health benefits."

One participant in the hysterectomy group talked about her faith in the present HRT and belief that science will continue developing alternatives for women as they age. She summarized her expectations and goals, "I think the body is meant to be natural, but at the same time, I do believe in science finding and helping. ... I guess my approach would be, well unless they found another pill, another type of pill, whatever, my body's saying no. And I would just have to go back to, this is a natural thing that I've got to live through. You can never tell for sure what's going on inside, but I think with proper monitoring, I'm doing okay."

Group Comparison. Three participants in the non-hysterectomy group emphasized that they would continue HRT use because of the positive impact on mood and improvement in attitude toward life during aging. Three participants in the hysterectomy group emphasized they would continue HRT use because of the positive impact it has on well being.

Three women in the non-hysterectomy group talked about their expectation that HRT would be improved or a new and better alternative would be developed. One participant in

the hysterectomy group talked about her faith in the present HRT and belief that science will continue developing alternatives for women as they age.

Theme Seven: Belief by both the non-hysterectomy and the hysterectomy groups that HRT use with continuous informed decision is intellectually the best thing to do and reinforces their commitment during aging to future quality of life.

Discussion

The ten older women in this study described their understanding about HRT by talking about the total experience from the beginning of their usage. Their experience using HRT was interrelated with many aspects of their behaviors as well as physical and mental responses to the therapy. Included in their HRT use experience was their need to understand about menopause, the long term effects of estrogen loss, and to be informed about these through independent study and questioning their physician. The women studied had many similarities and some differences in their experiences with HRT use. The similarities were the positive response to HRT use physically and mentally. However, one participant had not accepted an independent decision to use HRT and relied solely on her physician to tell her therapy was important to use. All of the women believed they had benefited from HRT use although some had experienced a few difficulties and concerns. The

participants emphasized commitment to and belief that HRT use was the right thing to do. Most of the women shared their expectations and goals freely including their desire to have science provide more research and better solutions for women. The major theme throughout their total experience was underpinned with their goals that were comfort, peace of mind, and a good quality life.

The experiences of these ten older women resulted in a deeper understanding of the intertwining multiple factors that bring about HRT use beliefs. Other factors in future HRT phenomenology studies to think about including are: health status of the participants using HRT; gender of the physician who prescribed HRT; and family status of the older women. Furthermore, researchers may find it useful to develop tools based on each phenomenon of the HRT use experience. The purpose of this intervention would be to identify needs, for example diet and exercise, in relationship to HRT use and bolster the older woman's expectations and goals that she might indeed have more hardiness, understanding, and freedom within herself to create a rewarding future.

This phenomenological study was approached naively and all data was accepted as it was presented (Wondolowski, 1991). One limitation is that many researchers and administrators who are often more familiar with quantitative methods, may view the phenomenon of older women's health

beliefs about HRT as an ambiguous and poorly defined concept (Cohen, Knafl, & Dzurec, 1993). Another limitation is the experience level of this investigator with the use of phenomenological methods (Taylor, 1993).

Conclusion

The purpose of this descriptive, applied research was to investigate the essential nature of the meaning of the beliefs about HRT use by older women users through phenomenology. The sample of ten white women, age 49 - 63, began using HRT between their early forties and age 55. The interview instrument contained seven questions. Meanings were formulated from the participants' statements and phrases. The description of the phenomenon of the beliefs older women have about HRT use is: the pill is an acceptable easy method of using HRT; the underpinning of their reasons for using HRT was a desire to live a healthier life during the experience of aging changes; the HRT use experience has enhanced self esteem and overall well being during this stage of their aging; what is important in their life in regard to HRT use is the pleasure of having a greater likelihood of a rewarding and productive life during the aging process; the positive aspects of HRT use are maintenance of youth and comfort within oneself during the experience of aging; improvement in the psychological and physiological state through HRT use is greater than the perceived negatives of weight gain and fear of a possible connection with cancer; and HRT use with continuous

informed decision is intellectually the best thing to do and reinforces their commitment during aging to future quality of life. Future researchers may think about developing tools on each phenomenon to identify needs of the older woman, i.e. diet and exercise, in relationship to HRT use to reinforce her future.

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Appendices

Appendix 1

INTERVIEW GUIDE

OLDER WOMEN'S BELIEFS ABOUT HORMONE REPLACEMENT THERAPY:
A QUALITATIVE STUDY

1. How are you using HRT?
Probes:
 - Ask about form of HRT use (patch, pill, etc.
 - Why reason for patch, pill, etc.
2. What do you perceive as the reasons you are taking HRT?
Probes:
 - Ask if taking for physical symptoms, psychological symptoms (e.g. anxiety, depression).
 - Ask if taking for prevention (e.g. osteoporosis, cardiovascular degeneration).
 - Ask if taking because physician stated should.
 - Ask if really taking because physician said so.
 - Ask if taking because friends suggested.
 - Ask if friend on.
3. What has been your experience with HRT use?
Probes:
 - Ask if had any side effects (e.g. anxiety, depression) or if believe it helps anxiety, depression, skin dryness etc.
 - Ask if affects mood, physical well being, energy level, skin integrity, etc.
 - Ask if have concerns.
 - Ask if take regularly.
 - Ask if dose ever changed.
 - Ask how would feel if not taking HRT.
4. What is important in your life in regard to use of HRT?
Probes:
 - Ask if taking primarily for relief of physical symptoms or because of variety of reasons.
 - Ask what reasons are.
 - Ask if believe gives strength/stamina.
 - Ask if believe improves general health.

5. What aspects of HRT use do you view as positive?

Probes:

Ask if ever experienced side effects and if yes, Why continued taking HRT.
Ask if believe feeling healthier before or after taking HRT.
Ask to describe symptoms or problems before or After using HRT.
Ask if problems are now gone.
If believe problems are gone because using HRT ask to describe problems before and the positive change.
Ask what happened that makes you believe taking HRT will help problems
Ask if would make decision to take HRT again.
Ask if believe maintains youth. Explain.

6. What aspects of HRT use do you view as negative?

Probes:

Ask if experienced weight gain/loss.
If on pill, is HRT taken as prescribed.
If using patch, why not taking pill.
Ask if ever experienced nausea, nervous, etc.
Ask if skin feel drier/less dry.

7. What are your goals and expectations of HRT use?

Probes:

Ask how believe benefiting from using HRT.
Ask how important it is to take HRT.
Ask describe how HRT will help future.
Ask if will continue to use in future and why.
Ask if would recommend to good friend.

Appendix 2

INFORMED CONSENT

Beliefs About Hormone Replacement Therapy

My name is Cheryl Towne. I am a graduate student working towards completion of a Master of Arts in Gerontology at Eastern Illinois University Charleston, Illinois. As part of my studies, I am seeking information from women 49 years or older who are presently using hormone replacement therapy and have been for at least one year. I would appreciate if you would volunteer to participate in this research, as your experience will help all women to better understand about hormone replacement therapy.

You are asked to participate in one interview. I will first ask your birth date, retirement or occupation, and county/state residence. I will then ask some questions about your beliefs and experiences with hormone replacement therapy. The interview will take no longer than 30 minutes. During our conversation, an audio tape recorder will be used to ensure accuracy of the information. I may also write some notes during our visit. If you would like to stop during the interview or would like the tape recorder turned off, please tell me.

I do not believe the interviews will present any risk other than personal information not usually talked about will be shared. The audio tapes and written notes will not identify your name and I will not disclose your name in my final study report.

If you have any questions before, during, or at the end of the study, please ask me. You may contact me after 7PM on Sunday, Monday, or Wednesday at 217/433-5465.

If you have any complaints about how you are treated during this study, please call or write:

Dr. William T. Bailey, Ph.D.
Psychology Department
Eastern Illinois University
Charleston, IL 61920
217/581-6612

I volunteer to participate in this study, understand the above explanation, and give permission for the audio taped interview. I understand the information I am providing will be used in research and treated as confidential information. I also understand my identity will not be revealed in reports of this study.

Name

Date

Appendix 3

BIRTH DATE, RETIRED/OCCUPATION, AND RESIDENCE
QUESTIONNAIRE

PLEASE FILL IN BLANK OR CIRCLE WHERE INDICATED.

Birth Date: _____

Retired: (Please Circle) Yes No

If retired, what was your occupation?

Employed: (Please Circle) Yes No

If employed, what is your occupation?

County Residence: _____

State Residence: _____